

Along with your Medicaid Application, completion of all enclosed forms is required. Forms with incomplete information will result in delays or could result in a denial of the claim.

If you need assistance completing the forms in this packet, please call the Healthy Connections Member Services Center at **888-549-0820**. Use the following checklist as a guide to ensure the forms are properly completed.

Disability Report or Continuing Disability Report (Form 3218-D or 3266-D)

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Provide correct social security number, date of birth, address, and phone number for child.
- ☐ Provide contact information for additional adult familiar with child's condition.
- ☐ Complete information on child's school and/or day care.
- ☐ List all of the doctors, hospitals, and treating facilities where child has been treated for a medical condition(s) in the last 15 months.
- ☐ Provide a copy of the death certificate or death summary from the hospital if applying on behalf of an individual who has died.
- ☐ Answer every question and return all the pages of these forms.
- ☐ Mark as "N/A" if a question does not apply to you.

Authorization to Disclose Health Information (Form 921)

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Sign and date by parent or legal guardian
- ☐ If applicant is age 12 to 18, he/she must sign in addition to the parent or legal guardian
- ☐ **If there is a legally appointed representative or power of attorney document, please include a copy with completed and signed form.**